

SUBSTANCE ABUSE & HIV/AIDS



The spread of HIV disease in the United States is fueled in part by the use of illicit drugs. In addition to direct transmission through the sharing of needles, indirect transmission occurs through sexual contact with HIV-positive injection drug users. Moreover, the use of noninjected drugs increases risk for HIV because of its effect on decision making and sexual risk taking.

SURVEILLANCE

In 2000, the exposure category for 27.4 percent of new adolescent and adult AIDS cases was injection drug use (IDU).^{1,2} In some jurisdictions, IDU is responsible for more than one-half of new HIV infections.

Among women, 33 percent of new AIDS cases were attributed to IDU in 2000, and an additional 16.8 percent resulted from sexual contact with an IDU.¹

Among men, IDU was the exposure category in 26 percent of cases, and an additional 2.9 percent resulted from sexual contact with an IDU; 6 percent were in the exposure category men who have sex with men and inject drugs (MSM/IDU).²

CRITICAL ISSUES

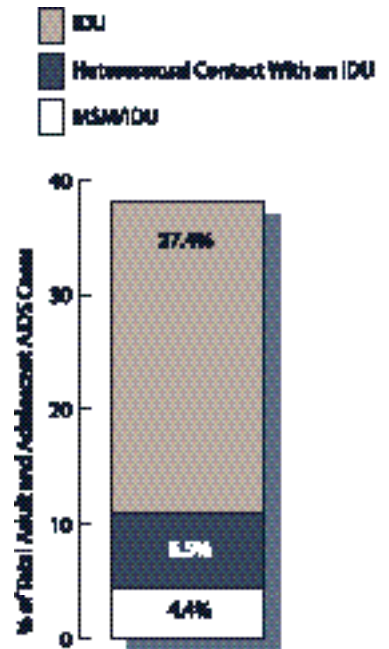
The HIV Cost and Services Utilization Study found that “compared with others in the nonelderly population, adult patients with HIV were about half as likely to be employed, to have a household income in the 25th percentile, or to have private insurance.”³ These factors are especially crucial for substance abusers, who are at elevated risk for a range of socioeconomic problems—problems that must be addressed if HIV-positive substance abusers are to stay in care over time.

Recent epidemiologic studies have shown that between 30 percent and 60 percent of drug abusers have concurrent mental health diagnoses, including personality disorders, major depression, schizophrenia, and bipolar disorder.⁴

Conservative estimates are that 14 percent of people living with HIV disease are also infected with the hepatitis C virus (HCV). In some cities, however, co-infection rates are much higher. In Baltimore, where IDU is the HIV transmission route in more than one-half of all new AIDS cases, 50 percent of patients in one clinic are co-infected with HCV.⁵

Without concurrent treatment for their drug problems, substance abusers have difficulty adhering to therapies and accessing care. A study of 404 IDUs in Baltimore and Vancouver from July 1996 to June 1997 found that only between 14 percent and 17 percent were receiving antiretroviral therapy. Lack of participation in a substance abuse treatment program was a predictor for not receiving appropriate HIV care.⁶

38.2 Percent of Reported AIDS Cases Among Adolescents and Adults in 2000 Were IDU Related.¹



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Substance abuse treatment is in short supply, even though it is crucial for staying in HIV care and adhering to treatment regimens.

SUBSTANCE ABUSE & THE RYAN WHITE CARE ACT

Substance abusers receive HIV services through all CARE Act programs. The lack of drug treatment services in the United States has placed increased pressure on CARE Act providers, because they must address substance abuse issues in order to sustain individuals in care over time.

Through its Special Projects of National Significance Program, the CARE Act has funded 14 projects whose objectives are to discover improved mechanisms for reaching and serving HIV-positive substance abusers. Results of those projects inform the program development activities of providers across the country.

“Substance Abuse and Infectious Disease: Cross-Training for Collaborative Systems of Prevention, Treatment, and Care” is a joint initiative of the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration, and the Centers for Disease Control and Prevention (CDC). The project provides training and technical assistance to State and local public health agencies and mental health and substance abuse health care delivery systems so that they can more effectively serve people with substance abuse problems and infectious diseases such as HIV/AIDS, other sexually transmitted diseases, viral hepatitis, and tuberculosis.

An HIV/AIDS Bureau report, *Investigation of the Adequacy of the Community Planning Process to Meet the HIV Care Needs of Active Substance Users*, provides recommendations on how more effectively to use Title I funds to meet the needs of this population. Of the FY 2001 CARE Act Title I Appropriation, an estimated \$40.9 million was used for substance abuse services.

INSPIRE, a 5-year cooperative agreement jointly funded by HRSA and the CDC, is a randomized controlled trial to test a 10-session intervention developed by a multisite research team. The primary objectives of the study are to reduce high-risk behaviors, increase access to medical care, and increase adherence to HIV antiretroviral medication among HIV-positive IDUs.

REFERENCES

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